

Computer Centre
SAURASHTRA UNIVERSITY

Rajkot

(Faculties/Staff)

INTERNET USAGE REQUEST FORM FOR Wi-Fi DEVICE

Name :

Department :

Address : _____

Phone Nos.: Dept. Ext.

Dept. Phone.

Mobile No.

E-Mail :

Configuration of Mobile Device :

Make & Model No. : _____

OS : _____

Anti Virus Installed : Yes/No Yes :- Name of Software _____

Physical Address (MAC Address) : _____

Terms and Conditions :

1. Internet facility provided is only for **ACADEMIC PURPOSE ONLY.**
2. Internet facility provided is only for a single device, I use at my Office.
3. I bid to keep computer free from virus and other Trojan software which may be hazardous to computer network.
4. I understand security issues for Wi-Fi coverage & usage.
5. If my mobile device is used by other person I will be responsible for the usage.
6. I shall be responsible for the Internet usage on this mobile device.
7. I agree the rules and regulation to use the Internet.

Signature

Date

Department Head

----- For use of Computer Centre -----

No.

User ID :

Password :